



IMMUNIZATION UPDATE

The Iowa Immunization Program Newsletter

Fall 2012

News & Summaries

Registration is now open for 2012 Vaccine University Click [here](#) to register today!

Vaccine University training topics will include Vaccine 101, Vaccines for Children Program Updates, Storage and Handling, and School and Child Care Vaccination Requirements. The conference is designed to be of interest to all health care professionals and anyone who is responsible for vaccine accountability or storage and handling or administers vaccines. The conference is offered free of charge. Registration will include lunch, course materials and continuing education credits for nurses, pharmacists and CMAs. Registration will close one week prior to each training.

Week of Oct 22-26

October 23 – Creston – Greater Regional Medical Center

October 25 – Sioux City – St. Luke's Regional Medical Center

October 26 – Mason City – Mercy Medical Center

Week of Oct 29-Nov 2

October 30 – Decorah – Winneshiek County Memorial Hospital

November 2 – Marengo – Marengo Memorial Hospital

Week of Nov 5-9

November 5 – Ottumwa – Ottumwa Regional Health Center

November 8 – Spencer – Spencer Hospital

November 9 – Council Bluffs – Alegent Health Mercy Hospital

Week of Nov 12-16

November 14 – Des Moines – Iowa Methodist Medical Center

November 16 – Dubuque – Mercy Medical Center

Contact the Immunization Program at 800-831-6293, ext. 1 with any questions.

Influenza Update

The Iowa Department of Public Health (IDPH) is encouraging all Iowans to receive a seasonal influenza vaccination. "We want everyone to know the most effective way to stop the spread of the flu is to get the flu vaccine each year," said Dr. Patricia Quinlisk of the Iowa Department of Public Health. "IDPH and the Centers for Disease Control and Prevention recommend influenza vaccination for everyone 6 months of age and older."

This year's vaccine will protect against the three main influenza viruses that research indicates will cause the most illness. Even healthy people, including healthy children and young adults, can get very ill from the flu and can spread the flu to others. By getting a yearly flu vaccine you can protect yourself and those around you from illness. It is especially important to be vaccinated if you have vulnerable people in your household such as babies, children with asthma, and the elderly.

The flu vaccine is plentiful this year and is available in both injectable and mist presentation. For the 2012-2013 season, manufacturers have projected they will produce between 146 million and 149 million doses of flu vaccine. Contact your health care provider about which type of vaccine is best for you and your family.

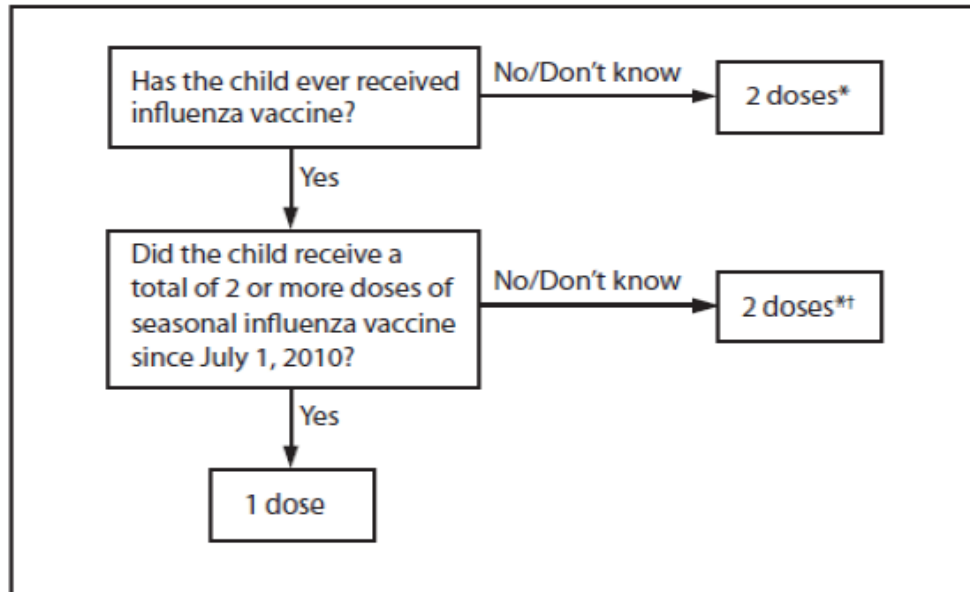
Influenza is a respiratory illness that most often causes fever, headache, extreme tiredness, muscle pain, nonproductive coughing, sore throat, and runny nose. Occasionally, diarrhea can accompany the respiratory symptoms in children. The flu virus is spread when people who are ill cough or sneeze without covering their mouths and noses, sending tiny droplets of respiratory secretions into the air for others to breathe in and get sick. A person can also get the flu by touching a surface or object (such as a door handle) that has been touched by someone with the flu (who coughed into their hand), and then touching their own mouth, eyes or nose.

For questions regarding the influenza vaccine, call Kelli Smith or Bethany Kintigh at 1-800-831-6293 ext. 2 & 7, respectively.

For questions regarding VFC influenza vaccine availability, call Tina Patterson at 1-800-831-6293 ext. 4.

Vaccine Highlight

Influenza Vaccine Dosing Algorithm for Children Aged 6 Months Through 8 Years - Advisory Committee on Immunization Practices, United States, 2012–13 Influenza Season



* Doses should be administered at least 4 weeks apart.

† For simplicity, this algorithm takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010.

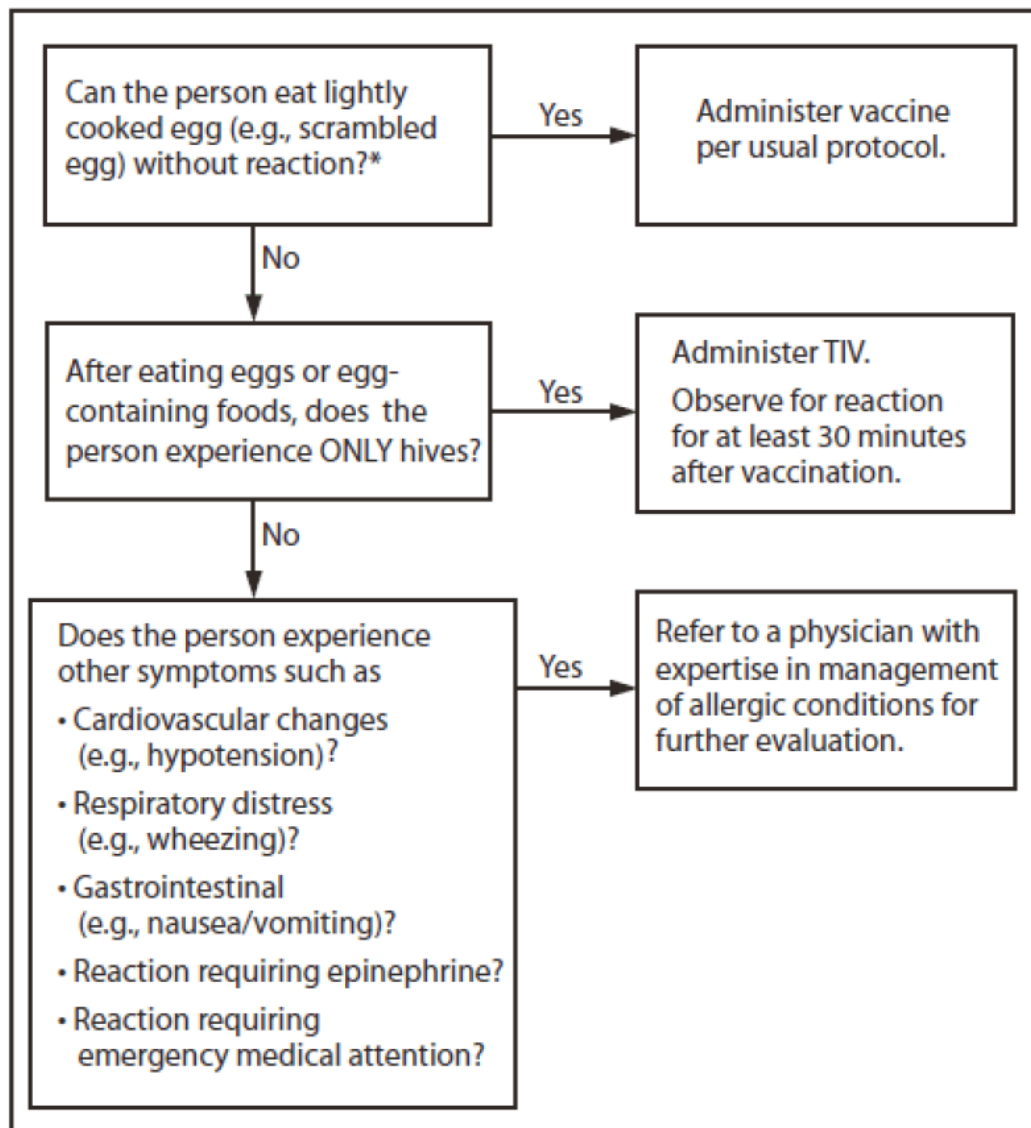
As an alternative approach in settings where vaccination history from before July 1, 2010, is available, if a child aged 6 months through 8 years is known to have received at least 2 seasonal influenza vaccines during any previous season, and at least 1 dose of a 2009(H1N1)-containing vaccine (i.e., either 2010–11 or 2011–12 seasonal vaccine or the monovalent 2009[H1N1] vaccine), then the child needs only 1 dose for 2012–13.

Using this approach, children aged 6 months through 8 years need only 1 dose of seasonal influenza vaccine in 2012–13 if they have received any of the following:

- 1) 2 or more doses of seasonal influenza vaccine since July 1, 2010;
- 2) 2 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of monovalent 2009(H1N1) vaccine; or
- 3) 1 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of seasonal influenza vaccine since July 1, 2010.

Adapted from the Morbidity and Mortality Weekly Report, August 17, 2012 / 61(32):613-618, Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2012–13 Influenza Season. The full MMWR is available [here](#).

Recommendations Regarding Influenza Vaccination for Persons Who Report Allergy to Eggs — Advisory Committee on Immunization Practices, United States, 2012–13 Influenza Season



Abbreviation: TIV = trivalent inactivated vaccine.

* Persons with egg allergy might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy.

Alternate Text: The figure above shows recommendations regarding influenza vaccination for persons who report a history of egg allergy, in the United States during the 2012-13 influenza season. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine, with the use of additional safety measures

Adapted from the Morbidity and Mortality Weekly Report, August 17, 2012 / 61(32);613-618, Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2012–13 Influenza Season. The full MMWR is available [here](#).

Influenza Vaccine Information, by Age Group - United States, 2012–13 Influenza Season

Trade Name	Manufacturer	Presentation	Mercury Content (µg Hg per 0.5 mL dose)	Age Group	Route
Fluzone	Sanofi Pasteur	0.25 mL prefilled syringe	0.0	6–35 mos	IM
		0.5 mL prefilled syringe	0.0	≥36 mos	IM
		0.5 mL vial	0.0	≥36 mos	IM
		5.0 mL multidose vial	25.0	≥6 mos	IM
Agriflu	Novartis Vaccines	0.5 mL prefilled syringe	0	≥18 yrs	IM
Fluvirin	Novartis Vaccines	0.5 mL prefilled syringe	≤1	≥4 yrs	IM
		5.0 mL multidose vial	25.0		
Fluarix	GlaxoSmithKline	0.5 mL prefilled syringe	0	≥3 yrs	IM
FluLaval	ID Biomedical Corporation of Quebec (distributed by GlaxoSmithKline)	5.0 mL multidose vial	<25.0	≥18 yrs	IM
Afluria	CSL Biotherapies (distributed by Merck)	0.5 mL prefilled syringe	0.0	≥9 yrs	IM
		5.0 mL multidose vial	24.5		
Fluzone High-Dose	Sanofi Pasteur	0.5 mL prefilled syringe	0.0	≥65 yrs	IM
Fluzone Intradermal	Sanofi Pasteur	0.1 mL prefilled microinjection system	0.0 (per 0.1 mL)	18–64 yrs	ID
FluMist	MedImmune	0.2 mL prefilled intranasal sprayer	0.0 (per 0.2 mL)	2–49 yrs	IN

Adapted from the Morbidity and Mortality Weekly Report, August 17, 2012 / 61(32);613-618, Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2012–13 Influenza Season. The full MMWR is available [here](#).

Question Corner

Q: I am confused by this year's flu recommendations for our patients who are younger than 9 years old. I have a 5-year-old patient who received her first seasonal flu vaccine in the 2008-2009 season, but did not return for her second dose. She then received one seasonal flu vaccine in the 2010-2011 season. How many doses should she receive this year?

A: If you choose to follow 2012-13 ACIP Vaccine Dosing Algorithm (for simplicity's sake), the patient needs 2 doses of flu vaccine because she has not received 2 or more doses of seasonal influenza since July 1, 2010.

However, since you have detailed historical information for this patient, you could apply footnote #3 as an alternative approach which is outlined below the algorithm. Child aged 6 months through 8 years need only 1 dose of seasonal influenza vaccine in 2012-2013 if they have received any of the following:

1. 2 or more doses of seasonal influenza vaccine since July 1, 2010;
2. 2 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of monovalent 2009 (H1N1) vaccine; or
3. 1 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of seasonal influenza vaccine since July 1, 2010.

The complete 2012 ACIP Influenza recommendations are available [here](#).

Q: How many doses would be needed for an 18-month-old infant who received only one influenza vaccine for the first time in the 2011-12 season, but should have received 2 doses because it was their first season?

A: The child should receive 2 doses of the 2012-13 influenza vaccine as they have only had one dose of seasonal influenza since July 1, 2010 (which also contained the H1N1 strain). Two doses are necessary to provide protection against the strains contained in this year's flu vaccine.

Q: When a child needs 2 doses of influenza vaccine, can I give 1 dose of each type (injectable and nasal spray)?

A: Yes. As long as the child is eligible to receive a nasal spray vaccine (i.e., is at least 2 years old and healthy), it is acceptable to give 1 dose of each type of influenza vaccine. The doses should be spaced at least 4 weeks apart.

Q: A 5-year-old child received her second MMR a week ago. How long should we wait before receiving a live attenuated influenza vaccine (LAIV)/"nasal spray"?

A: LAIV can be administered in the same day as another live vaccine (e.g., MMR, varicella), but if not given the same day, the ACIP states you must wait four weeks (28 days) before administering the second live vaccine.

Vaccines for Children Program (VFC)

Stop Vaccine Fraud and Abuse

The federal Vaccines for Children Program vaccine budget is now in excess of \$4 billion annually. It is essential for providers participating in the VFC program to fully understand and adhere to program requirements to prevent situations that may constitute fraud and abuse. It is important for providers to assure clinic practices are consistent with the **VFC Program Operation Guide**. The following examples are considered fraud and abuse.

- **Charging an administration fee above the state fee cap (\$14.58 per injection).** The Secretary of the Department of Health and Human Services (DHHS) has established a limit on the dollar amount providers can charge for administration of vaccine to VFC-eligible children. The administration fee should be charged to patients who have no health insurance, are American Indian/Alaskan Native, or are underinsured (seen only at rural health centers [RHC], federally qualified health center[FQHC] or local public health agencies [LPHA]). Immunization services may not be denied for a patient's inability to pay the administration fee.
- **Failure to screen for VFC eligibility at every visit.** Screening to determine a child's eligibility for the VFC Program must take place with each immunization visit, but the screening form does not need to be replaced or updated unless the status of the patient changes. The parent, guardian, or individual of record must indicate the eligibility status by selecting one of the categories below:
 - Medicaid enrolled;
 - No health insurance;
 - American Indian/Alaskan Native
 - Underinsured (served by a FQHC, RHC, or LPHA)
 - Not eligible to receive VFC vaccine (insured)

For each child enrolled, a patient eligibility screening record or equivalent information must be completed and kept on file for at least three years regardless of VFC eligibility. IRIS serves as an acceptable means of documenting eligibility but the eligibility criteria must be chosen by the patient/parent/guardian.

- **Not accounting for all doses of VFC vaccine.** It is critical all doses of vaccine distributed to providers are accurately accounted for to ensure VFC vaccines are administered only to VFC-eligible children; vaccine loss and waste are minimized; and VFC vaccines are ordered appropriately.
- **Not maintaining proper vaccine storage and handling to protect vaccine viability.** Adhering to proper storage and handling procedures will minimize potential for vaccine loss and wastage. Storage and handling errors in which vaccines are compromised are costly. Vaccines must be stored properly from the time they are manufactured until they are administered. Exposure to temperatures outside recommended ranges will reduce potency and increase the risk that recipients are not protected. When vaccine shipments are received, it is important to immediately store vaccine appropriately.
- **Excessive borrowing between private and VFC vaccine stock.** All VFC-enrolled providers are expected to maintain adequate inventories of vaccine to administer to privately insured and VFC-eligible children. Borrowing VFC vaccine to administer to non-VFC eligible patients, and vice versa, should only occur in extreme emergency situations. Routine borrowing without prior approval from the Immunization Program and appropriate documentation appropriately documenting

usage may be grounds for termination from the VFC Program. All staff must be trained regarding the use of VFC vaccine for eligible patients only.

If you have questions regarding the VFC Program or the VFC Operations Guide contact Tina Paterson at 1-800-831-6293 ext. 4.

Pentacel Shortage Guidance

Availability of Sanofi Pasteur's Pentacel vaccine remains reduced and it is anticipated this will continue through March 2013. Production of single antigen and other combination vaccines are currently sufficient to address Pentacel supply gaps.

VFC providers should continue to place vaccine orders consistent with their established economic order quantity (EOQ). When placing vaccine orders for Pentacel, please reduce your order by at least 70 percent (to accommodate the reduced allocation quantity from CDC) and consider alternatives to Pentacel. The VFC Program may reduce vaccine orders for Pentacel to allow as many providers as possible to receive a portion of the Program's vaccine allocation. As necessary, the VFC Program will contact providers regarding vaccine orders to discuss the availability of Pentacel and use of single antigen or other combination vaccines. The Immunization Program appreciates your understanding and assistance with this matter.

Sample schedules using single component and combination vaccines during the Pentacel shortage are available on the [VFC Program website](#).

If you have questions regarding vaccine orders contact the VFC Program at 1-800-831-6293 ext. 5.

IRIS Update

VFC Vaccine Ordering

Iowa has incorporated VFC vaccine ordering into the Immunization Registry Information System, IRIS. The steps below outline the process to order VFC vaccines in the new version of IRIS.

1. Select Manage Orders;
2. Select Create Order;
3. Type the number of doses needed in the Doses Ordered field. Repeat for each VFC vaccine to be ordered.
4. Select the Save button. Saving the order will submit the VFC vaccine order to the Immunization Program for processing. The order will initially display as **Pending**, meaning the order has not been viewed by the Immunization Program. Pending orders can still be modified by your organization.

Throughout the vaccine ordering process, IRIS displays multiple order statuses. The Immunization Program will process **Pending** orders. After orders have been reviewed or processed, the status of **Pending** orders changes to **In Progress**, which means orders can no longer be modified. Next, orders are sent to McKesson for filling and will display in IRIS as **Sent to Manufacturer**. The final status of an order in IRIS is **Closed**, which indicates an order has been submitted, filled, shipped, and is complete. Other order statuses that may display in IRIS are **Cancelled** and **Denied**. **Cancelled or Denied** orders, cannot be modified, and are considered historical orders. When looking at your organization's orders in IRIS, remember to select the 'Both' radio button to view all orders (see below). For VFC Program questions, contact 800-831-6293.

Order List

Show: ☐ Current ☐ Historical ☒ Both

Common IRIS Help Desk Issues: Locked Accounts/Forgotten Passwords

IRIS passwords and user accounts are valid for 90 days. If a user has not logged on to the system in a 90-day period, the account will become 'Inactive.' Inactive accounts can easily be re-activated by an organization Administrative (Admin) User or the IRIS Help Desk.

IRIS Admin Users can unlock Standard User accounts or change passwords for Standard Users within an organization. To learn more about how to do this, watch the [Administrative User](#) training video or call the IRIS Help Desk at 800-374-3958. Standard Users can work with Admin Users to have accounts unlocked, reactivated, or passwords changed. If Admin Users are unavailable, Standard Users can call the IRIS Help Desk at 1-800-374-3958. IRIS Help Desk staff can unlock accounts for Admin Users, Patient Query Only Users and all School Access Users.

Please contact the IRIS Help Desk at 1-800-374-3958 with any questions.

Immunization Resources

2012-13 Influenza Resources

- [Iowa Immunization Program 2012-2013 Influenza Chart](#)
- [2012-2013 Influenza Vaccine Information Statements](#)
- [CDC 2012-2013 Seasonal Influenza Information](#)

MMRW Articles for the 2012-13 Influenza Season

- [Prevention & Control of Seasonal Influenza Recommendations from the ACIP, 2012](#)
- [Influenza Vaccination Coverage Among Health-Care Personnel-United States, 2011-12 Influenza Season](#)
- [Influenza Vaccination Coverage Among Pregnant Women-United States, 2011-12 Influenza Season](#)

2012-13 Influenza Vaccine Pocket Guides and PPSV Pocket Guides Available -FREE!

To aid efforts to vaccinate against influenza and pneumococcal disease, readers are invited to place orders now for bulk quantities of the National Influenza Vaccine Summit's 2012-13 Influenza Vaccine Pocket Information Guide and Pneumococcal Polysaccharide Vaccination (PPSV) Pocket Guide. Both are free—you can order them in the hundreds or thousands! There is no cost for the pocket guides, shipping, or handling within the U.S. **Place your order at** <http://www.preventinfluenza.org/pocketguides>.

Epidemiology and Prevention of Vaccine-Preventable Diseases 2012, 11-Session Series:

This comprehensive immunization course provides the most current information in the constantly changing field of immunization. The course is updated annually to provide the latest recommendations from the ACIP. The [course is now available in web-on-demand](#) format. The DVD version will not be available this year, but the sessions should be available for download in the near future. Each of the 11 sessions are 60 to 90 minutes in length and include case studies and a discussion of frequently-asked questions on each topic. Continuing Education Credits are available.

Welcome



Please help us welcome Kelli Smith to the Immunization Program. Kelli is a RN, BSN and comes to the Program from Mercy Beaverdale Family Practice Clinic in Des Moines. Kelli's experience includes 8 years working as a clinic nurse and Certified Physician Office-Based Health Coach auditing pediatric patients' charts and educating staff on various vaccines and the latest vaccine recommendations. You can reach Kelli at 515-281-4938 or Kelli.Smith@idph.iowa.gov.

Welcome Kelli!